STATE

CA

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in i	nk.	Date Stamp	CALIFORNIA 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 07/01/2020 through 09/19/2020	Date of election if applicable: (Month, Day, Year)		Page 1 of 72 For Official Use Only
1. Type of Recipient Committee: All Comm Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5.) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Ballot Measure Committee Primary Formed Controlled Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Stateme Pre-election Stater Semi-annual State Termination Stater Amendment (Expla	ment ment	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH		Treasurer(s) NAME OF TREASURER ROBERT KLEIN III		
STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS		

4. Verification

CITY

CITY

SAN RAFAEL

OPTIONAL: FAX/E-MAIL ADDRESS FORM410@NMGOVLAW.COM

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

CITY PALO ALTO

CITY

MAILING ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY

OPTIONAL: FAX/E-MAIL ADDRESS

Executed on_	09/24/2020	ByROBER	T KLEIN III
Excourse on	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on_		Bv	
	DATE	SIGNAT	URE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on_		Bv	
	DATE	,	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on_		Bv	
	DATE	,	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

AREA CODE/PHONE

AREA CODE/PHONE

(415)389-6800

STATE

STATE

CA

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

ZIP CODE

ZIP CODE

94901

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA FORM	460
FORM	TUU

Page 2 of _____

Officeholder or Candidate Contr	olled Committee	6. <u>Bal</u> lot Measure Co	ommittee			
NAME OF OFFICEHOLDER OR CANDIDATE		OF BALLOT MEASURE AUTHORIZES BONDS TO CO	ONTINUE FUNI	DING STEM CELL AN	D OTHER	MEDICAL
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
		14	STATEWID	E - NOVEMBER 2020		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	T) CITY STATE ZIP	Identify the controlling off	ceholder, can	didate, or state meas	sure propo	onent, if any.
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT		
Related Committees Not Included in the not included in this statement that are controlled by y contributions or to make expenditures on behalf of your contributions or to make expenditures on behalf of your contributions.	ou or are primarily formed to receive	OFFICE SOUGHT OR HELD		DIST	RICT NO. IF	FANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed which this committee is prima		e List names of office	ceholder(s)	or candidate(s) Ffor
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.B	OX)	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT
CITY STATE	ZIP CODE AREA CODE/PHONE					OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT O	R HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.B	OX)					
CITY STATE	ZIP CODE AREA CODE/PHONE	Attac	ch continuation	n sheets if necessary	y	

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** from 07/01/2020 through $\stackrel{09/19/2020}{-}$ of $\frac{72}{}$ Page $\frac{3}{2}$ I.D. NUMBER

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES 1422494 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and General Elections \$485,015.00 \$2,430,430.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date (\$125,000.00) \$0.00 Loans Received Schedule B, Line 7 20. Contribution \$2,430,430.00 \$360,015.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$.00 \$.00 Received \$2,333,455.84 \$6,154,003.63 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures \$.00 \$.00 \$2,693,470.84 \$8,584,433.63 TOTAL CONTRIBUTIONS RECEIVED Made Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** \$1,311,212.43 \$3,132,321,38 **Candidates** Payments Made Schedule E. Line 4 \$0.00 \$0.00 Loans Made 22. Cumulative Expenditures Made* Schedule H, Line 7 (If Subject to Voluntary Expenditure Limit) \$1,311,212.43 \$3,132,321.38 SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 (\$1,431,274.25) \$199,925.50 Date of Election Total to Date Accrued Expenses (Unpaid Bills) Schedule F, Line 3 (mm/dd/yy) \$2,333,455.84 \$6,154,003.63 10. Nonmonetary Adjustment Schedule C, Line 3 \$2,213,394.02 \$9,486,250.51 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 **Current Cash Statement** \$249,307.05 To calculate Column B, add 12. Beginning Cash Balance Previous Summary Page, Line 16 amounts in Column A to the \$360,015.00 13. Cash Receipts Column A, Line 3 above

\$199,925.50

corresponding amounts from Column B of your last \$2,028,833,80 report. Some amounts in 15. Cash Payments \$1,311,212.43 Column A. Line 8 above Column A may be negative figures that should be \$1,326,943.42 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only \$0.00 17. LOAN GUARANTEES RECEIVED...... Schedule B. Part 2 carry over the amounts from Lines 2. 7. and 9 (if **Cash Equivalents and Outstanding Debts** any). \$0.00 18. Cash Equivalents See instructions on reverse

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Type or print in ink.
Amounts may be rounded

SCH		

Monetary Contributions Received		to	to whole dollars.		20	CALIFORNIA 460	
SEE INSTRUCTIO	ONS ON REVERSE			through09/19/202	20	Page _	4 of 72
NAME OF FILER YES ON 14: CAL	IFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND	CURES		•		I.D. Nu 142249	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
7/13/2020	JDRF INTERNATIONAL New York, NY 10281	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$250,000.00	\$1,000,000.00		
7/24/2020	CHELSEA COURT DESIGNS LOS GATOS, CA 95032	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$10,000.00	\$10,000.00		
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY478	IND COM OTH PTY SCC	KLEIN FINANCIAL CORPORATION PRESIDENT	\$100,000.00	\$3,917,330.79		
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY479	IND COM OTH PTY SCC	KLEIN FINANCIAL CORPORATION PRESIDENT	\$25,000.00	\$3,917,330.79		
9/18/2020	JENS-PETER VOLKMER Menlo Park, CA 94025	IND COM OTH PTY SCC	FORTY SEVEN, INC. FOUNDER	\$100,000.00	\$100,000.00		
			SUBTOTA	L \$485,000.00			
1. Amount red	A Summary ceived this period - contributions of \$100 or more. Il Schedule A subtotals.)			\$485,000.00	INI	ontributor D - Individ DM - Recip	
	ceived this period - unitemized contributions of less			\$15.00			er than PTY or SCC)
3. Total mone	etary contributions received this period.			\$485,015.00	PT	Y - Politic	al Party Contributor Committee

Schedule B - Part 1 **Loans Received**

Type or print in ink.
Amounts may be rounded to whole dollars.

		SCHEDUL	EB-PART1
Statement covers period		CALIFORNIA	460
rom_	07/01/2020	CALIFORNIA FORM	40U

					from		FORM	
SEE INSTRUCTIONS ON REVERSE					through	2020	Page 5	of _72
NAME OF FILER	JOHA DOLL TOP 1	LIDEC					I.D. NUMBER	
YES ON 14: CALIFORNIANS FOR STEM CELL RI	ESEAKCH, TREATMENTS AND (CURES					1422494	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	PRESIDENT KLEIN FINANCIAL CORPORATION			PAID			¢100.000.00	CALENDAR YEAR
Memo Reference: PAY81	<u> </u>			FORGIVEN		% RATE	\$100,000.00	\$3,917,330.79 PER ELECTION**
•		\$100,000.00		\$100,000.00	12/31/2020		2/18/2020	
■ IND □ COM□ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	PRESIDENT KLEIN FINANCIAL CORPORATION			PAID			фа л 000 00	CALENDAR YEAR
Memo Reference: PAY114				FORGIVEN		RATE	\$25,000.00	\$3,917,330.79 PER ELECTION**
•		\$25,000.00		\$25,000.00	12/31/2020		3/18/2020	
■IND □ COM□ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	PRESIDENT KLEIN FINANCIAL CORPORATION			PAID \$250,000,00			\$250,000,00	CALENDAR YEAR
Memo Reference: PAY398	=			\$250,000.00 FORGIVEN		RATE	\$250,000.00	\$3,917,330.79 PER ELECTION**
•		i	\$250,000.00		12/31/2020		8/17/2020	
■ IND □ COM□ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS	\$250,000.00	\$375,000.00	-			
Schedule B Summary 1. Loans received this period	loss than \$100 \				\$250,000.0		(Enter (e) on Schedule E, Line 3)	
(Total Column (b) plus unitemized loans	5 1655 (HäH \$100.)				\$375,000.0	η Γ		
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 		dule A.)			φ3/3,000.0		* Amounts forgi another party a reported on Scl	iven or paid by Iso must be nedule A.
3. Net change this period. (Subtract Line Enter the net here and on the Summary					Net (\$125,000.0 (may be a neg	gative number)	** If required.	
*Contributor Codes IND-Individual COM-Recipient Committee (o	ther than PTY or SCC)	OTH-Other PTY	Y-Political Party	SCC-Small Con	ntributor Committee	EDDC	FPPC For	rm 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2 Loan Guarantors

Type or print in ink. Amounts may be rounded to whole dollars.

	SCH	HEDULE B - PART 2
Statement covers period	CALIFOR	RNIA 460
from <u>07/01/2020</u>	FORM	
through 09/19/2020	Page 6	of 72

SEE INSTRUCTIONS ON REVERSE				through <u>09/19/2020</u>		Page 6	of 72
NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEA	ARCH, TREATMEN	TS AND CURES				I.D. Number 1422494	•
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN GUARANTEED THIS PERIOD		GUARANTEED CUMULA		BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM		LENDER		CALENDA	R YEAR	
	□ OTH □ PTY □ SCC		DATE		PER ELE (IF REQU	CTION IRED)	
	☐ IND ☐ COM		LENDER		CALENDA	R YEAR	
	OTH PTY SCC		DATE		PER ELE (IF REQU	CTION IRED)	
			LENDER		CALENDA	R YEAR	
	□ COM □ OTH □ PTY □ SCC		DATE		PER ELE (IF REQU	CTION IRED)	
			LENDER		CALENDA	R YEAR	
	COM OTH PTY		DATE		PER ELE (IF REQU	CTION IRED)	
			CIID	TOTAL	Enter	on	
			305	IOIAL	Summary Line 1	only.	

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>07/01/2020</u>	FORM TOO
through <u>09/19/2020</u>	Page 7 of 72

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

through 09/19/2020

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I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2020	DIVCO WEST REAL ESTATE SERVICES, INC. SAN FRANCISCO, CA 94105	□ IND □ COM ■ OTH □ PTY □ SCC		OFFICE SPACE	\$28,877.00	\$86,631.00	
8/31/2020	DIVCO WEST REAL ESTATE SERVICES, INC. SAN FRANCISCO, CA 94105	□ IND □ COM ■ OTH □ PTY □ SCC		OFFICE SPACE	\$28,877.00	\$86,631.00	
9/1/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON441	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	\$660.00	\$3,917,330.79	
9/2/2020	DAGMAR DOLBY San Francisco, CA 94115	IND COM OTH PTY SCC	RETIRED	STOCK	\$2,059,000.00	\$2,059,000.00	
Attach ad	Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$2,333,455.84						

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.		*Contributor Codes
(Include all Schedule C subtotals.)	\$2,333,455.84	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	\$2,333,455.84	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>07/01/2020</u>	FORM TOU
through <u>09/19/2020</u>	Page <u>8</u> of <u>72</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. Number

YES ON 14: C	CALIFORNIANS FOR STEM CELL RESEARCH, TREA	ATMENTS AND CUI	RES				1422494	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIV DATE CALENDAR (JAN 1 - DE	YEAR ,	PER ELECTION TO DATE IF REQUIRED)
9/2/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	IND COM OTH PTY SCC		DATA	\$27.50	\$7,431.84		
9/2/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		MAIL PRODUCTION & POSTAGE	\$171.00	\$7,431.84		
9/2/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		PRINTING	\$397.46	\$7,431.84		
9/2/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS & PRINTING	\$1,256.01	\$7,431.84		
Attach ac		ed continuation	shoots	SUBTOTAL				
Attach ac	Committee ID: 741666 dditional information on appropriately label		sheets.	SUBTOTAL				
Schedul	e C Summary							
1. Amount (Include	received this period - nonmonetary contri all Schedule C subtotals.)	butions of \$100	or more.			IND	ributor Codes - Individual - Recipient C	
2. Amount	received this period - unitemized nonmon	etary contribution	ons of less than \$100					PTY or SCC)
3. Total no	onmonetary contributions received this per	iod.					Political Par	ty

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>07/01/2020</u>	FORM TOO
through <u>09/19/2020</u>	Page 9 of 72

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

I.D. Number

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES						1.D. Number 1422494		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		PRINTING	\$159.25	\$7,431.84		
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		GRAPHICS	\$24.00	\$7,431.84		
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		DATA	\$12.25	\$7,431.84		
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		GRAPHICS	\$6.40	\$7,431.84		
Attach ad	Iditional information on appropriately labele	ed continuation	sheets.	SUBTOTAL				
Schedul	e C Summary							
(Include	received this period - nonmonetary contribution all Schedule C subtotals.)received this period - unitemized nonmone					*Contributor C IND - Individu COM- Recipie	ıal	
3. Total no	nmonetary contributions received this perines 1 and 2. Enter here and on the Summa	od.				OTH - Other PTY - Politica	,	

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from07/01/2020	FORM 400
through $\underline{09/19/2020}$	Page <u>10</u> of <u>72</u>
	LD Number

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

YES ON 14: C	CALIFORNIANS FOR STEM CELL RESEARCH, TREAT	MENTS AND CUI	RES				1422494	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CALEND	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		MAIL PRODUCTION & POSTAGE	\$92.31	\$7,431.84		
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		GRAPHICS	\$7.50	\$7,431.84		
9/3/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		MAIL PRODUCTION & POSTAGE	\$236.66	\$7,431.84		
9/4/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON480	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	SIGNATURE GATHERING	(\$327,673.90)	\$3,917,330	.79	
Attach ac	dditional information on appropriately labeled	d continuation	sheets.	SUBTOTAL	•			
Sahadul	e C Summary							
1. Amount	received this period - nonmonetary contributional Schedule C subtotals.)					IN	ontributor Co	al
2. Amount	received this period - unitemized nonmone	tary contribution	ons of less than \$100					nt Committee nan PTY or SCC)
	nmonetary contributions received this periones 1 and 2. Enter here and on the Summar		nn A, Lines 4 and 10.)	TOTAL		PI	Y - Political	Party ontributor Committee

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>07/01/2020</u>	FORM 400
- 00/10/2020	

through $\frac{09/19/2020}{1}$ Page <u>11</u> of $\frac{72}{}$ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES 1422494 **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION FULL NAME, STREET ADDRESS AND CONTRIBUTOR **DESCRIPTION OF** DATE DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE CODE * GOODS OR SERVICES CALENDAR YEAR ZIP CODE OF CONTRIBUTOR RECEIVED (IF SELF-EMPLOYED, ENTER VALUE (IF REQUIRED) (JAN 1 - DEC 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) 9/4/2020 CALIFORNIA DEMOCRATIC PARTY GRAPHICS \$12.20 \$7,431.84 Sacramento, CA 95811 COM □ отн ☐ PTY □ scc Committee ID: 741666 ROBERT N. KLEIN II AND AFFILIATED ENTITY SIGNATURE (\$190,910.31) \$3,917,330.79 PRESIDENT 9/4/2020 IND KLEIN FINANCIAL CORPORATION KLEIN FINANCIAL GATHERING Palo Alto, CA 94306 □ сом CORPORATION Memo Reference: NON482 □отн □ PTY scc CALIFORNIA DEMOCRATIC PARTY DATA \$4.20 \$7,431.84 9/4/2020 Sacramento, CA 95811 COM **□** отн ☐ PTY □ scc Committee ID: 741666 CALIFORNIA DEMOCRATIC PARTY MAIL PRODUCTION & \$67.95 \$7,431.84 9/4/2020 POSTAGE Sacramento, CA 95811 COM □отн PTY

Committee ID: 741666 Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL** Schedule C Summary

□ scc

onound o cummary	
. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>07/01/2020</u>	FORM TOO
through $\frac{09/19/2020}{}$	Page <u>12</u> of <u>72</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON485	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	WEBSITE DESIGN	(\$660.00)	\$3,917,330.79	
9/8/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		DATA	\$5.69	\$7,431.84	
9/8/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$3.00	\$7,431.84	
9/4/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON488	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	PETITION CIRCULATION	(\$35,340.30)	\$3,917,330.79	
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	•		

Schedule C Summary

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1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee
	PTY - Political Party

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>07/01/2020</u>	FORM TOO
through $\underline{09/19/2020}$	Page <u>13</u> of <u>72</u>
	I.D. Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

1.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/4/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON489	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	SIGNATURE GATHERING	(\$450,000.00)	\$3,917,330.79	
9/8/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		MAIL PRODUCTION & POSTAGE	\$166.29	\$7,431.84	
9/8/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$8.00	\$7,431.84	
9/8/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		DATA	\$14.43	\$7,431.84	
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

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1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from07/01/2020	FORM 400
through 09/19/2020	Page 14 of 72

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
9/9/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	IND COM OTH PTY SCC		DATA	\$2.42	\$7,431.84		
9/9/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		PRINTING	\$213.73	\$7,431.84		
9/9/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$28.50	\$7,431.84		
9/9/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		MAIL PRODUCTION & POSTAGE	\$204.44	\$7,431.84		
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL								

Schedule C Summary

· · · · · · · · · · · · · · · · · · ·	*Contributor Codes
	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020

CALIFORNIA 460

through 09/19/2020

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NAME OF FILE	TIONS ON REVERSE R ALIFORNIANS FOR STEM CELL RESEARCH, TREAT	MENTS AND CUI	RES		<u> </u>	-		I.D. Number 1422494	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION (GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEND	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/9/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		GRAPHICS		\$3.00	\$7,431.84		
9/10/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		GRAPHICS		\$8.00	\$7,431.84		
9/10/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		GRAPHICS		\$28.50	\$7,431.84		
9/10/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		MAIL PRODUCTION POSTAGE	ON &	\$110.40	\$7,431.84		
Attach ad	ditional information on appropriately labele	d continuation	sheets.	SUBTO	OTAL				
Schedul	e C Summary								
							ontributor Co		
`	2. Amount received this period - unitemized nonmonetary contributions of less than \$100							D - Individua DM- Recipien (other tha TH - Other	
	nmonetary contributions received this perions 1 and 2. Enter here and on the Summar		on A Lines 4 and 10)	TOTA	ΔL		PT	Y - Political I	Party Intributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>07/01/2020</u>	FORM 400
through <u>09/19/2020</u>	Page <u>16</u> of <u>72</u>
	LD Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: C	CALIFORNIANS FOR STEM CELL RESEARCH, TREA	TMENTS AND CUI	RES			142249	4
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/10/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$12.00	\$7,431.84	
9/10/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		MAIL PRODUCTION & POSTAGE	\$174.78	\$7,431.84	
9/11/2020	C.E. 'PAT' PATTERSON Orinda, CA 94563	IND COM OTH PTY SCC	CHAIRMAN MACKENZIE CAPITAL MANAGEMENT	STOCK	\$22,250.00	\$208,610.00	
9/11/2020	C.E. 'PAT' PATTERSON Orinda, CA 94563	IND COM OTH PTY SCC	CHAIRMAN MACKENZIE CAPITAL MANAGEMENT	STOCK	\$186,360.00	\$208,610.00	
Attach ac	dditional information on appropriately label	ed continuation	sheets.	SUBTOTAL	·		
Schedul	e C Summary						
1. Amount (Include	received this period - nonmonetary contrib	outions of \$100	or more.			*Contributor	
2. Amount	received this period - unitemized nonmon	etary contribution	ons of less than \$100			COM- Recip	ient Committee than PTY or SCC)
3. Total no	onmonetary contributions received this perines 1 and 2. Enter here and on the Summa	od. ary Page, Colun	nn A, Lines 4 and 10.)	TOTAL		OTH - Other PTY - Politic SCC - Small	al Party Contributor Committe

3. Total nonmonetary contributions received this period.

Type or print in ink.
Amounts may be rounded
to whole dollars.

 $\begin{array}{c} \text{SCHEDULE C} \\ \text{Statement covers period} \\ \text{from} \quad \begin{array}{c} 07/01/2020 \\ \end{array} \\ \text{through} \quad \begin{array}{c} 09/19/2020 \\ \end{array} \\ \end{array} \quad \begin{array}{c} \text{Page} \quad \begin{array}{c} 17 \\ \end{array} \quad \text{of} \quad \begin{array}{c} 72 \\ \end{array} \\ \end{array}$

SEE INSTRUCTIONS ON REVERSE I.D. Number NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES 1422494 **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ PER ELECTION CONTRIBUTOR **DESCRIPTION OF** DATE FULL NAME. STREET ADDRESS AND DATE OCCUPATION AND EMPLOYER FAIR MARKET TO DATE CODE * GOODS OR SERVICES CALENDAR YEAR ZIP CODE OF CONTRIBUTOR RECEIVED (IF SELF-EMPLOYED, ENTER **VALUE** (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) 9/11/2020 CALIFORNIA DEMOCRATIC PARTY GRAPHICS \$6.00 \$7,431.84 Sacramento, CA 95811 COM \sqcup oth □ PTY □ scc Committee ID: 741666 \$4.50 \$7,431.84 CALIFORNIA DEMOCRATIC PARTY **GRAPHICS** 9/11/2020 Sacramento, CA 95811 COM □отн PTY \square scc Committee ID: 741666 CALIFORNIA DEMOCRATIC PARTY GRAPHICS \$6.40 \$7,431.84 9/11/2020 Sacramento, CA 95811 COM □отн ☐ PTY □ scc Committee ID: 741666 CALIFORNIA DEMOCRATIC PARTY MAIL PRODUCTION & \$220.91 \$7,431.84 9/11/2020 Sacramento, CA 95811 POSTAGE COM □отн PTY □ scc Committee ID: 741666 Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL** Schedule C Summary 1. Amount received this period - nonmonetary contributions of \$100 or more. *Contributor Codes (Include all Schedule C subtotals.)..... IND - Individual COM- Recipient Committee 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 (other than PTY or SCC)

> FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC - Small Contributor Committee

OTH - Other PTY - Political Party

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>07/01/2020</u>	FORM 40U
through <u>09/19/2020</u>	Page <u>18</u> of <u>72</u>
	1.5.11

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. Number

YES ON 14: C	ALIFORNIANS FOR STEM CELL RESEARCH, TREA	ATMENTS AND CUI	RES				1422494	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATI DATI CALENDAF (JAN 1 - D	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
9/11/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		DATA	\$31.49	\$7,431.84		
9/11/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		MAIL PRODUCTION & POSTAGE	\$603.19	\$7,431.84		
9/12/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$5.70	\$7,431.84		
9/12/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811	□ IND ■ COM □ OTH □ PTY □ SCC		MAIL PRODUCTION & POSTAGE	\$501.85	\$7,431.84		
Attach ad	Committee ID: 741666 ditional information on appropriately labe		choots	SUBTOTAL				
Allacii au	unonai imormanon on appropriately labe	eu continuation	3116619.	SUBTUTAL				
Schedul	e C Summary							
	received this period - nonmonetary contri all Schedule C subtotals.)						ntributor Co	
2. Amount	received this period - unitemized nonmor	etary contribution	ons of less than \$100				(other th	nt Committee an PTY or SCC)
3. Total no (Add Lin	nmonetary contributions received this per es 1 and 2. Enter here and on the Summ	iod. ary Page, Colur	nn A, Lines 4 and 10.)	TOTAL		PTY	I - Òther - Political : - Small Co	Party ontributor Committ

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from07/01/2020	FORM 400
through <u>09/19/2020</u>	Page 19 of 72
	LD Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
/12/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		GRAPHICS	\$1.40	\$7,431.84	
)/14/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		PRINTING	\$326.62	\$7,431.84	
/14/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$9.60	\$7,431.84	
/14/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		MAIL PRODUCTION & POSTAGE	\$218.21	\$7,431.84	
Attach ad	ditional information on appropriately labe	led continuation	sheets.	SUBTOTAL			

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	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>07/01/2020</u>	FORM TOO
through <u>09/19/2020</u>	Page <u>20</u> of <u>72</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATI DATE CALENDAR (JAN 1 - D	YEAR	PER ELECTION TO DATE (IF REQUIRED)
9/14/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		GRAPHICS	\$26.40	\$7,431.84		
9/14/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		DATA	\$0.26	\$7,431.84		
9/16/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		MAIL PRODUCTION & POSTAGE	\$311.89	\$7,431.84		
9/16/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		MAIL PRODUCTION & POSTAGE	\$313.29	\$7,431.84		
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL				
Schedul	e C Summary							

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	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

 $\begin{array}{c} \text{SCHEDULE C} \\ \text{Statement covers period} \\ \text{from} \quad 07/01/2020 \\ \text{through} \quad 09/19/2020 \\ \end{array} \quad \begin{array}{c} \text{CALIFORNIA} \quad \textbf{460} \\ \text{FORM} \\ \end{array}$

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

LD. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/16/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		PRINTING	\$65.59	\$7,431.84	
9/16/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		DATA	\$8.80	\$7,431.84	
9/16/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$19.62	\$7,431.84	
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$7.50	\$7,431.84	
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	•		

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual COM- Recipient Committee
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	(other than PTY or SCC)
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from07/01/2020	FORM TOO
through <u>09/19/2020</u>	Page <u>22</u> of <u>72</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$3.60	\$7,431.84	
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		MAIL PRODUCTION & POSTAGE	\$38.82	\$7,431.84	
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811	□ IND ■ COM □ OTH □ PTY □ SCC		DATA	\$5.23	\$7,431.84	
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$1.75	\$7,431.84	
Attach ad	ditional information on appropriately label	ed continuation	sheets	SUBTOTAL	<u>'</u>		

· · · · · · · · · · · · · · · · · · ·	*Contributor Codes
	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from <u>07/01/2020</u>	FORM 400
through <u>09/19/2020</u>	Page <u>23</u> of <u>72</u>
	LD Number

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

1/22/10/

1 E3 ON 14: C	ALIFORNIANS FOR STEW CELL RESEARCH, TREAT	WIEN 13 AND CUP	Œ			1422494	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		MAIL PRODUCTION & POSTAGE	\$198.23	\$7,431.84	
9/17/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		GRAPHICS	\$4.75	\$7,431.84	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		PRINTING	\$25.12	\$7,431.84	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		MAIL PRODUCTION & POSTAGE	\$170.98	\$7,431.84	
Attach ad	ditional information on appropriately labele	d continuation	sheets.	SUBTOTAL			
1. Amount	e C Summary received this period - nonmonetary contribution all Schedule C subtotals.)	utions of \$100	or more.			*Contributor C	
(IIICIUUE	all Juliedule O Sublutais.j					IND - Individu	

· · · · · · · · · · · · · · · · · · ·	*Contributor Codes
	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from07/01/2020	FORM 40U
through $\underline{09/19/2020}$	Page <u>24</u> of <u>72</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	IND COM OTH PTY SCC		MAIL PRODUCTION & POSTAGE	\$61.75	\$7,431.84		
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		GRAPHICS	\$175.00	\$7,431.84		
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		DATA	\$14.43	\$7,431.84		
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$0.85	\$7,431.84		
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	•			
Schedul	Schedule C Summary							

· · · · · · · · · · · · · · · · · · ·	*Contributor Codes
	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>07/01/2020</u>	FORM TOO
through <u>09/19/2020</u>	Page <u>25</u> of <u>72</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		MAIL PRODUCTION & POSTAGE	\$420.13	\$7,431.84	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$5.00	\$7,431.84	
9/18/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		DATA	\$2.09	\$7,431.84	
9/19/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$0.47	\$7,431.84	
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
	PTY - Political Party SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from07/01/2020	FORM 400
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)		PER ELECTION TO DATE (IF REQUIRED)
9/19/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		GRAPHICS	\$3.80	\$7,431.84		
9/19/2020	CALIFORNIA DEMOCRATIC PARTY Sacramento, CA 95811 Committee ID: 741666	□ IND ■ COM □ OTH □ PTY □ SCC		MAIL PRODUCTION & POSTAGE	\$152.75	\$7,431.84		
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY473	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	Bill Forgiven	\$450,000.00	\$3,917,330.7	79	
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY474	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	Bill Forgiven	\$35,340.30	\$3,917,330.7	79	
Attach ad	ditional information on appropriately labeled	l continuation	sheets.	SUBTOTAL	•			

Schedule C Summary

•	
1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee
	I and the second

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>07/01/2020</u>	FORM 400
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NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. Number 1422494

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDAI (JAN 1 - D	E R YEAR	PER ELECTION TO DATE (IF REQUIRED)
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY475	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	Bill Forgiven	\$660.00	\$3,917,330.7)	
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY476	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	Bill Forgiven	\$327,673.90	\$3,917,330.7	9	
9/4/2020	***FORGIVEN LOAN*** ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY477	IND COM OTH PTY SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	Bill Forgiven	\$190,910.31	\$3,917,330.7)	
		IND COM OTH PTY SCC						
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTOTAL	\$2,333,455.84			

Schedule C Summary

·	
1. Amount received this period - nonmonetary contributions of \$100 or more.	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA 160
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YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

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I.D. NUMBER
1422494

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN.1 - DEC. 31	٩R	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		☐ Monetary Contribution					
		Nonmonetary Contribution					
		Independent Expenditure					
	Support Oppose	- Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
		Independent Expenditure					
	Support Oppose	Exportantial					
			SUBTOTAL				
Schedule D) Summary						

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	
2. Unitemized contributions and independent expenditures made this period of under \$100	

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from07/01/2020	FORM 400
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NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
BASK DIGITAL MEDIA San Diego, CA 92101		SEE SCHEDULE G	\$725.76
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306		SEE SCHEDULE G	\$33,253.29
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306		SEE SCHEDULE G	\$66,746.71

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$1,311,212.43
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
1. Total payments made this period. (Add lines 1. 2. and 3. Enter here and on the Summary Page, Column A. Line 6.)	\$1.311.212.43

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2020	FORM 400
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NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign para	phernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS campaign con	sultants	MTG	meetings and appearances	RFD	returned contributions
CTB contribution (e	xplain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC civic donations		PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL candidate filing	y/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND fundraising ev	ents	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND independent e	xpenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal defense		PRO	professional services (legal, accounting)	VOT	voter registration
LIT campaign liter	ature and mailings	PRT	print ads	WEB	information technology costs (internet, email)
	NAME AND ADDRESS OF PAYER OR CREDITOR				

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS		\$42,000.00
BASK DIGITAL MEDIA San Diego, CA 92101		SEE SCHEDULE G	\$2,500.00
BASK DIGITAL MEDIA San Diego, CA 92101		SEE SCHEDULE G	\$3,000.00
BASK DIGITAL MEDIA San Diego, CA 92101		DIGITAL OPERATIONS	\$15,000.00
BASK DIGITAL MEDIA San Diego, CA 92101		DIGITAL OPERATIONS	\$314.15

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2020	FORM 400
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NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MBR member communications MTG meetings and appearances OFC office expenses	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries	
CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger PRO professional services (legal, account print ads		s als same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
BASK DIGITAL MEDIA San Diego, CA 92101		SEE SCHEDULE G	\$5,800.00
ANEDOT INC. New Orleans, LA 70112		ONLINE PROCESSING FEE	\$0.90
PHILADELPHIA INSURANCE COMPANIES Bala Cynwyd, PA 19004		INSURANCE	\$2,300.00
PHILADELPHIA INSURANCE COMPANIES Bala Cynwyd, PA 19004		INSURANCE	\$1,043.00
MITRA J. HOOSHMAND IRVINE, CA 92612	SAL		\$4,188.45

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

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	SCHEDULE E (CONT.)		
Statement covers period	CALIFORNIA 160		
from <u>07/01/2020</u>	FORM 400		
through <u>09/19/2020</u>	Page <u>32</u> of <u>72</u>		
	I.D. NUMBER 1422494		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

FIL FND IND	civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	PHO POL POS		urvey resear very and m	arch essenger services egal, accounting)	TRC TRS TSF VOT	t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and meal transfer between committees of the state of t	als same candidate/sponsor
CTB CVC	contribution (explain nonmonetary)* civic donations	OFC PET	office expens	ses lating		SAL TEL	campaign workers' salaries t.v. or cable airtime and production c	
	campaign paraphernalia/misc. campaign consultants		member con				radio airtime and production costs returned contributions	

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
MELISSA J. KING SAN FRANCISCO, CA 94107	SAL		\$1,923.08
ANNA M MAYBACH PIEDMONT, CA 94611	SAL		\$3,087.69
INTERNAL REVENUE SERVICE Odgen, UT 84201		FEDERAL PAYROLL TAXES	\$758.93
FRANCHISE TAX BOARD Sacramento, CA 94257-0501		STATE PAYROLL TAXES	\$321.97
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720		PAYROLL TAX PROCESSING FEE	\$115.20

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA ACO
from07/01/2020	FORM 400
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	PRO professional	nd appearances uses ulating s	VOT voter registration	duction costs nd meals , and meals es of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	(°)	WEB information technology cos	ts (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS		\$50,000.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401		REIMBURSED EXPENSES	\$329.22
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS		\$49,670.78
COMCAST Sandy, UT 84070	OFC		\$1,262.51
DON REED - CONSULTANT Fremont, CA 94536	CNS		\$3,600.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)		
Statement covers period	CALIFORNIA 160		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
INTERNAL REVENUE SERVICE Odgen, UT 84201		FEDERAL PAYROLL TAXES	\$944.94
FRANCHISE TAX BOARD Sacramento, CA 94257-0501		STATE PAYROLL TAXES	\$341.09
MITRA J. HOOSHMAND IRVINE, CA 92612	SAL		\$4,653.85
MELISSA J. KING SAN FRANCISCO, CA 94107	SAL		\$3,846.15
ANNA M MAYBACH PIEDMONT, CA 94611	SAL		\$3,087.69

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)		
Statement covers period	CALIFORNIA 160		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member com	nmunications	RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and	d appearances	RFD	returned contributions	
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses	SAL	campaign workers' salaries	
CVC	civic donations	PET	PET petition circulating		TEL	t.v. or cable airtime and production costs	
FIL	candidate filing/ballot fees	PHO	phone banks	3	TRC	candidate travel, lodging, and meals	
FND	fundraising events	POL	polling and s	survey research	TRS	staff/spouse travel, lodging, and meals	
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, deli	ivery and messenger services	TSF	transfer between committees of the s	ame candidate/sponsor
LEG	legal defense	PRO	professional	services (legal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads	, , ,	WEB	information technology costs (interne	t, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR						

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720		PAYROLL TAX PROCESSING FEE	\$126.70
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS		\$63,000.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS		\$329.22
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS		\$49,670.78
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO	STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; EVANN WHITELAM, ASSISTANT TREASURER, IS AN EMPLOYEE OF PAYEE	\$14,335.39

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)			
Statement covers period	CALIFORNIA 160			
from07/01/2020	FORM 400			
through <u>09/19/2020</u>	Page <u>36</u> of <u>72</u>			
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NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CTB CVC FIL FND	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG OFC PET PHO POL POS	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads		RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and meals staff/spouse travel, lodging, and meatransfer between committees of the system registration information technology costs (internet	als same candidate/sponsor	
	NAME AND ADDRESS OF PAYEE OR CREDITOR			CODE	OR	DESCRIPTION OF	PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
BASK DIGITAL MEDIA San Diego, CA 92101		DIGITAL OPERATIONS	\$15,314.15
FAIRBANK, MASLIN, MAULIN, METZ, & ASSOCIATES Oakland, CA 94612	POL		\$30,000.00
BASK DIGITAL MEDIA San Diego, CA 92101		SEE SCHEDULE G	\$5,000.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS		\$329.22
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401		REIMBURSED EXPENSES	\$195.53

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2020	FORM 400
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	I.D. NUMBER 1422494

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NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNS ca CTB cc CVC ci FIL ca FND fu IND in LEG le	ampaign paraphernalia/misc. ampaign consultants ontribution (explain nonmonetary)* ivic donations andidate filing/ballot fees undraising events independent expenditure supporting/opposing others (explain)* egal defense	MTG OFC PET PHO POL POS PRO	member com meetings and office expens petition circu phone banks polling and s postage, deli professional	d appearar ses lating urvey rese very and r	arch nessenger ser	rvices ing)	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and meals staff/spouse travel, lodging, and meatransfer between committees of the system.	als same candidate/sponsor
LIT ca	ampaign literature and mailings	PRT print ads			WEB	information technology costs (interne	et, email)		
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTI	ON O	PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS		\$50,000.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401		REIMBURSED EXPENSES	\$241.33
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS		\$24,233.92
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS		\$42,000.00
SIGN LIGHTING WORLD, INC. Boulder, CO 90301	OFC		\$730.68

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	SCHEDULE E (CONT.)			
Statement covers period	CALIFORNIA A CO			
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CTB CVC FIL FND IND	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MTG OFC PET PHO POL POS		d appearar ses lating urvey rese very and r	nces earch nessenger services	RFD SAL TEL TRC TRS TSF	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production c candidate travel, lodging, and meals staff/spouse travel, lodging, and meatransfer between committees of the support registration	als
LEG LIT	legal defense campaign literature and mailings		professional print ads	services (I	egal, accounting)		voter registration information technology costs (interne	et, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION O	F PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
MITRA J. HOOSHMAND IRVINE, CA 92612	SAL		\$4,653.85
MELISSA J. KING SAN FRANCISCO, CA 94107	SAL		\$3,846.15
ANNA M MAYBACH PIEDMONT, CA 94611	SAL		\$3,087.69
INTERNAL REVENUE SERVICE Odgen, UT 84201		FEDERAL PAYROLL TAXES	\$898.79
FRANCHISE TAX BOARD Sacramento, CA 94257-0501		STATE PAYROLL TAXES	\$71.94

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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	SCHEDULE E (CONT.)			
Statement covers period	CALIFORNIA 160			
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720		PAYROLL TAX PROCESSING FEE	\$126.70
JACQUELINE HANTGAN ENCINO, CA 91436	SAL		\$2,832.50
FRANCHISE TAX BOARD Sacramento, CA 94257-0501		STATE PAYROLL TAXES	\$99.14
INTERNAL REVENUE SERVICE Odgen, UT 84201		FEDERAL PAYROLL TAXES	\$233.69
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720		PAYROLL TAX PROCESSING FEE	\$11.50

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	SCHEDULE E (CONT.)			
Statement covers period	CALIFORNIA / CO			
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
THE HARTFORD Hartford, CT 06155		INSURANCE WORKERS COMPENSATION	\$857.00
VERIZON WIRELESS New York, NY 10036		REIMBURSED EXPENSES	\$64.81
BLUE SHIELD OF CALIFORNIA Lodi, CA 95240		EMPLOYEE HEALTH INSURANCE	\$2,498.85
COMCAST Sandy, UT 84070	OFC		\$532.41
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306		HEALTH INSURANCE REIMBURSEMENT	\$4,212.08

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NAME OF FILER

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
DON REED - CONSULTANT Fremont, CA 94536	CNS		\$3,600.00
AMPLIFIED STRATEGIES, INC. Seattle, WA 98112		SEE SCHEDULE G	\$49,836.00
PLAYGROUND PRESS, INC. West Hollywood, CA 90046		VIDEO PRODUCTION	\$4,125.00
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720		PAYROLL TAX PROCESSING FEE	\$140.25
FRANCHISE TAX BOARD Sacramento, CA 94257-0501		STATE PAYROLL TAXES	\$222.05

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	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG meetings and appearances		RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
INTERNAL REVENUE SERVICE Odgen, UT 84201		FEDERAL PAYROLL TAX	\$1,409.86
JACQUELINE HANTGAN ENCINO, CA 91436	SAL		\$3,575.00
MITRA J. HOOSHMAND IRVINE, CA 92612	SAL		\$4,653.85
MELISSA J. KING SAN FRANCISCO, CA 94107	SAL		\$3,846.15
ANNA M MAYBACH PIEDMONT, CA 94611	SAL		\$3,087.69

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
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YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
DAVID S. SEWELL San Francisco, CA 94110	SAL		\$2,769.23
BASK DIGITAL MEDIA San Diego, CA 92101		DIGITAL OPERATIONS	\$15,000.00
BASK DIGITAL MEDIA San Diego, CA 92101		DIGITAL OPERATIONS	\$1,164.15
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO	STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; EVANN WHITELAM, ASSISTANT TREASURER, IS AN EMPLOYEE OF PAYEE	\$25,006.25
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO	STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; EVANN WHITELAM, ASSISTANT TREASURER, IS AN EMPLOYEE OF PAYEE	\$21,412.13

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA 160
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CTB CVC FIL FND	1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MTG OFC PET PHO POL POS	HO phone banks OL polling and survey research OS postage, delivery and messenger services RO professional services (legal, accounting)		RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and meals staff/spouse travel, lodging, and meatransfer between committees of the system registration information technology costs (internet	als same candidate/sponsor	
	NAME AND ADDRESS OF PAYEE OR CREDITOR			CODE	OR	DESCRIPTION OF	PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FAIRBANK, MASLIN, MAULIN, METZ, & ASSOCIATES Oakland, CA 94612	POL		\$30,000.00
FAIRBANK, MASLIN, MAULIN, METZ, & ASSOCIATES Oakland, CA 94612	POL		\$53,500.00
JACQUELINE HANTGAN ENCINO, CA 91436	CNS		\$11,687.50
JACQUELINE HANTGAN ENCINO, CA 91436	CNS		\$5,101.25
JACQUELINE HANTGAN ENCINO, CA 91436	CNS		\$5,497.50

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) WINNER & MANDABACH CAMPAIGNS LLC	PRT print ads	CODE OR	WEB information technology of DESCRIPTION OF PAYMENT	AMOUNT PAID \$60,000.00
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	, ,	nd appearances nses ulating ss	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration	ries production costs g, and meals

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	R DESCRIPTION OF PAYMENT	AMOUNT PAID
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS		\$60,000.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401		REIMBURSED EXPENSES	\$477.27
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS		\$35,766.08
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401		REIMBURSED EXPENSES	\$177.59
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS		\$60,000.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

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Statement covers period	CALIFORNIA A CO
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401		REIMBURSED EXPENSES	\$288.40
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS		\$42,000.00
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS		\$42,000.00
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS		\$42,000.00
OLSON REMCHO LLP Sacramento, CA 95814	PRO		\$25,302.88

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	SCHEDULE E (CONT.)	
Statement covers period	CALIFORNIA / CO	
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campa	aign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS campa	aign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB contrib	oution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC civic de	Ionations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL candid	date filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND fundra	aising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND indepe	endent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal d	defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT campa	aign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)
	NAME AND ADDRESS OF DAVES OF CREDITOR				

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
OLSON REMCHO LLP Sacramento, CA 95814	PRO		\$16,350.00
OLSON REMCHO LLP Sacramento, CA 95814	PRO		\$28,310.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401		COMMISSION	\$7,500.00
BENT BROOK MEDIA, LLC Des Peres, MO 63122		SEE SCHEDULE G; IN NEXT PERIOD	\$62,500.00
PAYCHEX OF NEW YORK, LLC Fresno, CA 93720		PAYROLL TAX PROCESSING FEE	\$140.25

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NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
JACQUELINE HANTGAN ENCINO, CA 91436	SAL	\$6,338.75
MITRA J. HOOSHMAND IRVINE, CA 92612	SAL	\$4,653.85
MELISSA J. KING SAN FRANCISCO, CA 94107	SAL	\$3,846.15
ANNA M MAYBACH PIEDMONT, CA 94611	SAL	\$3,087.69
DAVID S. SEWELL San Francisco, CA 94110	SAL	\$2,769.23

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2020	FORM 400
through <u>09/19/2020</u>	Page <u>49</u> of <u>72</u>
1	LD NUMBER

1422494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
INTERNAL REVENUE SERVICE Odgen, UT 84201		FEDERAL PAYROLL TAX	\$1,603.39
FRANCHISE TAX BOARD Sacramento, CA 94257-0501		STATE PAYROLL TAXES	\$117.66

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$1,311,212.43

Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

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Statement covers period		CALIFORN	11A 460
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through	09/19/2020	D = 3.50	- • 72

SEE INSTRUCTIONS ON REVERSE

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YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER 1422494

CODES: If one of the following codes accurately describes	the payment, you may ent	ter the code. Otherw	vise, describe the pa	yment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and PRO professional services (PRT print ads	earch messenger services	RFD returned of SAL campaign TEL t.v. or cab TRC candidate TRS staff/spou TSF transfer b VOT voter regi		n costs als neals ne same candidate/spons
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY112	SIGNATURE GATHERING	\$190,910.31	(\$190,910.31)	\$0.00	\$0.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY123	SIGNAUTRE GATHERING	\$327,673.90	(\$327,673.90)	\$0.00	\$0.00
ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY124	SIGNATURE GATHERING	\$450,000.00	(\$450,000.00)	\$0.00	\$0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS				
Schedule F Summary					

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....

NET (\$1,431,274.25)

May be a negative number.

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Amounts may be rounded to whole dollars.

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Statement covers period		CALIFORN	460
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through	09/19/2020	Page <u>51</u>	_ of <u>72</u>

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER 1422494

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.				
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306	SEE SCHEDULE G	\$33,253.29	\$0.00	\$33,253.29	\$0.00
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	REIMBURSED EXPENSES; UNDER \$500	\$505.66	\$0.00	\$0.00	\$505.66
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G; ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE;	\$1,905.31	\$0.00	\$0.00	\$1,905.31
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G	\$2,082.49	\$0.00	\$0.00	\$2,082.49

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Amounts may be rounded to whole dollars.

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Statement covers period		CALIFORNI	A 460
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YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

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KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	OFC	\$378.00	\$0.00	\$0.00	\$378.00
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G; ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE	\$1,111.15	\$0.00	\$0.00	\$1,111.15
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G; ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE	\$2,287.41	\$0.00	\$0.00	\$2,287.41
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306	SEE SCHEDULE G	\$102,220.61	\$0.00	\$66,746.71	\$35,473.90

Type or print in ink.
Amounts may be rounded to whole dollars.

 $\begin{array}{c} \text{Statement covers period} \\ \text{from} \quad \underline{07/01/2020} \\ \text{through} \quad \underline{09/19/2020} \\ \end{array} \quad \begin{array}{c} \text{CALIFORNIA FORM} \quad \textbf{460} \\ \\ \text{Page} \quad \underline{53} \quad \text{of} \quad \underline{72} \\ \\ \text{ID NUMBER} \end{array}$

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER 1422494

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KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	OFC ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE	\$155.00	\$0.00	\$0.00	\$155.00
FIONA HUTTON & ASSOCIATES Studio City, CA 91604	CNS	\$42,000.00	\$0.00	\$42,000.00	\$0.00
BASK DIGITAL MEDIA San Diego, CA 92101	SEE SCHEDULE G	\$725.76	\$0.00	\$725.76	\$0.00
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 94901	PRO STEVEN S. LUCAS, COMMITTEE TREASURER, IS A PARTNER OF PAYEE; EVANN WHITELAM, ASSISTANT TREASURER, IS	\$14,335.39	\$0.00	\$14,335.39	\$0.00

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Statement covers period		CALIFORN	460
from	07/01/2020	FORM	700
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BASK DIGITAL MEDIA San Diego, CA 92101	SEE SCHEDULE G	\$3,000.00	\$0.00	\$3,000.00	\$0.00
PHILADELPHIA INSURANCE COMPANIES Bala Cynwyd, PA 19004	INSURANCE	\$1,043.00	\$0.00	\$1,043.00	\$0.00
PHILADELPHIA INSURANCE COMPANIES Bala Cynwyd, PA 19004	INSURANCE	\$2,300.00	\$0.00	\$2,300.00	\$0.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS	\$50,000.00	\$0.00	\$50,000.00	\$0.00

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Statement covers period		CALIFORNIA FORM	460
from	07/01/2020	FORM	700
through	09/19/2020	Page <u>55</u>	of <u>72</u>

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

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WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	REIMBURSED EXPENSES	\$195.53	\$0.00	\$195.53	\$0.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS	\$50,000.00	\$0.00	\$50,000.00	\$0.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	REIMBURSED EXPENSES	\$329.22	\$0.00	\$329.22	\$0.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS	\$50,000.00	\$0.00	\$50,000.00	\$0.00

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Amounts may be rounded to whole dollars.

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Statement covers period		CALIFORNI FORM	A 160
from	07/01/2020	FORM	700
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NAME OF FILER

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WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	CNS	\$50,000.00	\$0.00	\$50,000.00	\$0.00
WINNER & MANDABACH CAMPAIGNS LLC Santa Monica, CA 90401	REIMBURSED EXPENSES	\$241.33	\$0.00	\$241.33	\$0.00
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G; ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE	\$5,534.69	\$0.00	\$0.00	\$5,534.69
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	REIMBURSED EXPENSES; UNDER \$500	\$747.17	\$0.00	\$0.00	\$747.17

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	SCHEDOLL F (CONT.)
Statement covers period	CALIFORNIA 460
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KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G; ROBERT KLEIN III, COMMITTEE TREASURER, IS AN EMPLOYEE OF PAYEE	\$9,623.17	\$0.00	\$0.00	\$9,623.17	
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306	SEE SCHEDULE G	\$110,162.31	\$0.00	\$0.00	\$110,162.31	
FAIRBANK, MASLIN, MAULIN, METZ, & ASSOCIATES Oakland, CA 94612	POL	\$60,000.00	\$0.00	\$60,000.00	\$0.00	
OLSON REMCHO LLP Sacramento, CA 95814	PRO	\$16,350.00	\$0.00	\$16,350.00	\$0.00	

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Statement covers period		CALIFORNI FORM	A 460
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ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: PAY46	PETITION CIRCULATION	\$35,340.30	(\$35,340.30)	\$0.00	\$0.00
JACQUELINE HANTGAN ENCINO, CA 91436	CNS	\$5,101.25	\$0.00	\$5,101.25	\$0.00
JACQUELINE HANTGAN ENCINO, CA 91436	CNS	\$11,687.50	\$0.00	\$11,687.50	\$0.00
PLAYGROUND PRESS, INC. West Hollywood, CA 90046	VIDEO PRODUCTION	\$0.00	\$750.00	\$0.00	\$750.00

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Statement covers period		CALIFORNI	A 460
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NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services IND LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT DESCRIPTION OF PAYMENT BALANCE BEGINNING OF THIS PERIOD		(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD \$5,901.94	
OLSON REMCHO LLP Sacramento, CA 95814	PRO	\$0.00 \$5,9		\$0.00		
AMERICANS FOR CURES FOUNDATION Palo Alto, CA 94306	SEE SCHEDULE G	\$0.00	\$16,970.87	\$0.00	\$16,970.87	
KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306	SEE SCHEDULE G	\$0.00	\$5,671.62	\$0.00	\$5,671.62	
MITRA J. HOOSHMAND IRVINE, CA 92612	REIMBURSED EXPENSES	\$0.00	\$300.00	\$0.00	\$300.00	

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2020 CALIFORNIA 460 FORM Page 60 of 72

NAME OF FILER
YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

I.D. NUMBER 1422494

CODES: If one of the following codes accurately describes	s the payment, you may en	ter the code. Otherw	vise, describe the pa	yment.		
CMP campaign paraphernalia/misc.	MBR member communication	ons	RAD radio airti	RAD radio airtime and production costs		
CNS campaign consultants	MTG meetings and appeara	ances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses		SAL campaign workers' salaries			
CVC civic donations	PET petition circulating			ole airtime and production		
FIL candidate filing/ballot fees	PHO phone banks			travel, lodging, and me		
FND fundraising events	POL polling and survey res			ise travel, lodging, and i		
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and				he same candidate/sponso	
LEG legal defense	PRO professional services	(legal, accounting)	VOT voter regi			
LIT campaign literature and mailings	PRT print ads		WEB information	on technology costs (inte	ernet, email)	
*Payments that are contributions or independent expenditures must also be su	mmarized on Schedule D.					
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	(a) OUTSTANDING	(b) AMOUNT INCURRED	(c) AMOUNT PAID	(d) OUTSTANDING	
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		BALANCE BEGINNING	THIS PERIOD	THIS PERIOD	BALANCE AT CLOSE	
		OF THIS PERIOD		(ALSO REPORT ON E)	OF THIS PERIOD	
MELISSA J. KING	REIMBURSED EXPENSES	\$0.00	\$300.00	\$0.00	\$300.00	
SAN FRANCISCO, CA 94107						
	1	i e	1	1	1	

SUBTOTALS \$1,631,199.75

\$199,860.69

\$457,308.98

(\$974,030.08)

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 460
from <u>07/01/2020</u>	FORM 400
through _09/19/2020	Page <u>61</u> of <u>72</u>
	I.D. NUMBER 1422494

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AMERICANS FOR CURES FOUNDATION

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications CMP campaign paraphernalia/misc. RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) VOT voter registration LEG legal defense campaign literature and mailings PRT WEB information technology costs (internet, email) print ads

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DON REED - CONSULTANT Fremont, CA 94536	CNS			\$3,600.00

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL* \$3600.00

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from07/01/2020	FORM 40U
through _09/19/2020	Page <u>62</u> of <u>72</u>
	I.D. NUMBER 1422494

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

NAME OF AGENT OR INDEPENDENT CONTRACTOR

AMPLIFIED STRATEGIES, INC.

COL	DES: If one of the following codes accurately describes t	he pay	ment, you may enter the code. Otherwi	se, describ	e the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND		POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SK RESEARCH, INC. as Vegas, NV 89139	PHO			\$18,856.00
ttach additional information on appropriately labeled continuation sheets.				TOTAL* \$18856.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA A CO
from07/01/2020	FORM 46U
through <u>09/19/2020</u>	Page <u>63</u> of <u>72</u>
	I.D. NUMBER 1422494

NAME OF AGENT OR INDEPENDENT CONTRACTOR

BASK DIGITAL MEDIA

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

COL	PES: If one of the following codes accurately describes the	ne pay	ment, you may enter the code. Otherwise	, describ	pe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
			polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	- 3	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)
* Payn	nents that are contributions or independent expenditures must also be sumr	narized	on Schedule D.		

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
BALLOT MEASURE DOMAINS Victorville, CA 92392	WEB		\$2,500.00
ANDREW NAYLOR Menlo Park, CA 94025	WEB		\$5,800.00
FACEBOOK Menlo Park, CA 94025		DIGITAL ADS	\$649.48

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$8949.48

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G			
Statement covers period	CALIFORNIA A CO			
from07/01/2020	FORM 40U			
through _09/19/2020	Page <u>64</u> of <u>72</u>			
	I.D. NUMBER 1422494			

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

KLEIN FINANCIAL CORPORATION

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications CMP campaign paraphernalia/misc. RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TSF transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services VOT voter registration LEG legal defense PRO professional services (legal, accounting) campaign literature and mailings PRT print ads WEB information technology costs (internet, email) * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **AMOUNT PAID DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) AMAZON OFC \$1,043.50 Seattle, WA 98109 OFC NOR-CAL MOVING SERVICES \$1,763.82 Hayward, CA 94545 WEB HOSTING LOGIC INC. OFC \$900.00 Vista, CA 92081

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3707.32

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H -

Type or print in ink.

	SCHEDULE H
CALIFORNIA	460

_oans Made to Others*		Amounts may be rounded to whole dollars.			from <u>07/01/2020</u>		california 460 form	
EE INSTRUCTIONS ON REVERSE					through <u>09/19/2</u> 6	020	Page <u>65</u>	_ of <u>72</u>
IAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RI	ESEARCH, TREATMENTS AND C	CURES		-			I.D. NUMBER 1422494	
ULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE %		PER ELECTION**
					DATE DUE		DATE INCURRED	-
Loans that are contributions to another candidate nust also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS						
				1		(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
. Loans made this period Total Column (b) plus unitemized loans	s less than \$100.)							** If Required
Payments received on loans Total Column (c) plus unitemized paym	nents less than \$100.)							
B. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 7.))			NET (May be a ne	gative number)		

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule I **Miscellaneous Increases to Cash**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 460
from07/01/2020	FORW FOO
4b rough 09/19/2020	Page 66 of 72

			from07/01/2020	FORM 400
SEE INSTRUCTIO	ONS ON REVERSE		through	Page 66 of 72
NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES				I.D. NUMBER 1422494
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
9/4/2020	DAGMAR DOLBY San Francisco, CA 94115	SALE OF STOCK		\$2,007,213.78
9/16/2020	C.E. 'PAT' PATTERSON Orinda, CA 94563	SALE OF STOCK		\$21,620.02

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$2,028,833.80

Schedule	I Summary
----------	-----------

1. Increases to cash of \$100 or more this period	
2. Unitemized increases to cash under \$100 this period.	
3 Total of all interest received this period on loans made to others. (Schedule H. Column (e).)	\$0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....

Summary Page, Line 14.)

TOTAL \$2,028,833.80

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Mana Defanance
Memo Reference: ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 20368, STANFORD, CA 94309
Memo Reference: PAY478 LOAN FORGIVENESS; KLEIN FINANCIAL CORPORATION
EUAN FORGIVENESS, REEIN FINANCIAE CORI ORATION
Memo Reference: PAY479
LOAN FORGIVENESS; ROBERT N KLEIN II
Memo Reference: NON441 MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F
MADE BY KLEIN FINANCIAL CORPORATION; NON-MONETARY LOAN; SEE SCHEDULE F

Memo Reference: NON480 REVERSAL OF INKIND LOAN; SEE SCHEDULE F FOR LOAN FORGIVENESS
REVERSAL OF INKIND LOAN, SEE SCHEDULE FOOR LOAN FOROIVENESS
M. D.C. MONJOO
Memo Reference: NON482 REVERSAL OF INKIND LOAN; SEE SCHEDULE F FOR LOAN FORGIVENESS
Memo Reference: NON485
Memo Reference: NON485 REVERSAL OF INKIND LOAN; SEE SCHEDULE F FOR LOAN FORGIVENESS
Memo Reference: NON488 REVERSAL OF INKIND LOAN; SEE SCHEDULE F FOR LOAN FORGIVENESS
REVERSAL OF INKIND LOAN; SEE SCHEDULE F FOR LOAN FORGIVENESS

M D C NOVIGO
Memo Reference: NON489 REVERSAL OF INKIND LOAN; SEE SCHEDULE F FOR LOAN FORGIVENESS
Memo Reference: PAY473
LOAN FORGIVENESS; ROBERT N KLEIN II
Memo Reference: PAY474
LOAN FORGIVENESS; ROBERT N KLEIN II
Memo Reference: PAY475 LOAN FORGIVENESS; KLEIN FINANCIAL CORPORATION
LOANT OROTYLINESS, RELINTINGACIAL CORTOR

M. D.C. DAVIGO
Memo Reference: PAY476 LOAN FORGIVENESS; KLEIN FINANCIAL CORPORATION
Memo Reference: PAY477
LOAN FORGIVENESS; KLEIN FINANCIAL CORPORATION
Memo Reference: PAY46
NON-MONETARY LOAN; SEE SCHEDULE C
Memo Reference: PAY112 NON-MONETARY LOAN; SEE SCHEDULE C

M
Memo Reference: PAY123 NON-MONETARY LOAN; SEE SCHEDULE C
Memo Reference: PAY124
NON-MONETARY LOAN; SEE SCHEDULE C
Memo Reference: PAY398 MADE BY KLEIN FINANCIAL CORPORATION
MADE BY KLEIN FINANCIAL CORPORATION
M. D.C. DAYOL
Memo Reference: PAY81 MADE BY KLEIN FINANCIAL CORPORATION

Memo Reference: PAY114 MADE BY ROBERT N KLEIN II	
MADE BY ROBERT N KLEIN II	